CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE OFFI

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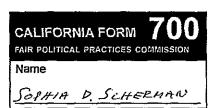
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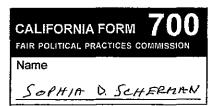
Please type or print in ink.			2011 ED 20 PH 1:59
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Scherman		Sophia	Delia
1. Office, Agency, or C	Court		
Agency Name			
City of Elk Grove			
Division, Board, Departmen	t, District, if applicable	Your Position	
District 5		Councilmember	
► If filing for multiple position	ons, list below or on an attachment.		
Agency:		Position:	
2. Jurisdiction of Office	Ce (Check at least one box)		
☐ State		Judge (Statewide Jurisdictio	n)
Multi-County		County of	
City of Elk Grove		Other	
3. Type of Statement	(Check at least one box)		
	overed is January 1, 2010, through December	er 31, Leaving Office: Date Left (Check one)	
	is, through December	T 31, O The period covered is J leaving office.	lanuary 1, 2010, through the date of
Assuming Office: Date	le/	The period covered is _ of leaving office.	/, through the date
Candidate: Election Ye	ear Office sought, i	f different than Part 1:	
4. Schedule Summary			
Check applicable schedule		► Total number of pages including th	is cover page:
Schedule A-1 - Investn	nents - schedule attached	Schedule C - Income, Loans, & I	Business Positions – schedule attached
Schedule A-2 - Investn	nents – schedule attached	Schedule D - Income - Gifts - s	
Schedule B - Real Pro	perty – schedule attached	Schedule E - Income Gifts - T.	ravel Payments – schedule attached
	-or-		
	, None - No reportable in	nterests on any schedule	
•	schedules is true and complete. I acknowled		
I certify under penalty of p	perjury under the laws of the State of Cali	fornia that	
Date Glutieu	02/14/2011	Signature	
	(month, day, year)		

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE	
TEICHERT	O KHISER PERMANENTE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
3560 AMERICAN RIVER DR SMETGER	9201 BIL HORN BLUD EXK CROVE CA 95750	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 95869	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	 3	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,19,10 572 DINNER &	4118710 \$ 168,94- DINNER &	
s		
► NAME OF SOURCE CORDOUR HILLS	NAME OF SOURCE	
ICF INTERNATIONAL, CH 2 MHILL,	DSUREWEST	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
% 7700 COLLECT TOWN DR #218	1:0. Box 969 ROSEVILLE, CIT 95661	
BUSINESS ACTIVITY, IF ANY, OF SOURCE STICTO, CA 9582C	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,19,10 ,59,40 RECEPTION *	4118110 : 15014 DINNER *	
► NAME OF SOURCE	► NAME OF SOURCE	
DPGE	ATET	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1415- L ST SACTO, CA 95814	1215- K STREET SACTO, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4118710 \$ 138.56 DINNER #	10115110 \$ 150 PERSPECTINES	
s		
	/	
, 10		
Comments: * INCLUBES SPOUSE,		
•		

SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE	
GENCORP	DIEPENBLOCK - HARRISON	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
P.O. BOX 537012	400- CAPITOL MALL SALTO, CA 95818	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,18,10 : 43.52 BRUNCH	4118110 s 43.52 BRUNCH	
► NAME OF SOURCE	► NAME OF SOURCE	
ARANITE CONSTRUCTION ADDRESS (Business Address Acceptable) 95824	HEFNER, STARK, MAROLS ADDRESS (Business Address Acceptable)	
8950 CALL CTR DR SALTO, CA	2150-RIVER PLAZA DR SACTO, CAT	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,187 10 , 43,52 BRUNCH	4,17,10 : 95,- DINNER	
► NAME OF SOURCE	► NAME OF SOURCE	
MERCY HEALTH CARE WEST	SUTTER HEALTH	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE CT. 95670	2200 RIVER PLAZA DR SACTO, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4118110 8 43.52 BRUNCH	4,19,10 ,72- DINNER *	
s	4,19,10 \$ 72- DINNER *	
Comments: # INCLUDED SPOUSE		

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Sophia Delia Scherman** with the City of Elk Grove:

- Council Member (City of Elk Grove)
- Member of the Board (Finance Authority of the City of Elk Grove)
- Member of the Board (Parking Authority of the City of Elk Grove)

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Sophia Delia Scherman** with additional agencies:

- Board Member (Sacramento Metropolitan Air Quality Management District Board)
- Board Member (Sacramento Public Library Authority)
- - Alternate Board Member (Sacramento Area Council of Governments)
 - Alternate Board Member (Sacramento Transportation Authority)